NAME: RAGHAVENDRA BRAHMANAPALLI EMP. ID: 602435

CLAIM FORM - PART A' to 'CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED BY THE INSURED (To be Filled in block letters)

The issue of this Form is not to be taken as an admission of liablity

SECTION A

DETAILS OF PRIMARY INSURED:

a) Policy No.: BLRNCV0458001000063A b) Sl. No/ Certificate no.:

c) Company/ TPA ID No:

d) Name: BRAHMANAPALLI RAGHAVENDRA IDDLE NAME

e) Address: D.NO:4/816, KLD ROAD, VIDYANAGAR NAGAR ANANTAPUR

City: ANANTAPUR State: ANDHRA PRADESH

Pin Code 515004 Phone No: 9986289 Email ID: rbrahmanapalli@virtusapolaris.com

SECTION B

DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Mediclaim / Health Insurance: ☐ Yes ☑ No b) Date of commencement of first Insurance without break: D D M M Y Y Y Y

c) If yes, company name: Policy No.

Sum insured (Rs.) d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☐ No Date: M M Y Y

Diagnosis: e) Previously covered by any other Mediclaim /Health insurance : : ☐ Yes ☑ No

f) If yes, company name:

SECTION C

DETAILS OF INSURED PERSON HOSPITALIZED: :

a) Name: BHUVANAGA ESWINDHAR RESTNAMEMIDDLENAMEE

b) Gender Male ☑ Female ☐ c) Age years Y Y Months M M d) Date of Birth 06 04 2007

e) Relationship to Primary insured: Self ☐ Spouse ☐ Child ☑ Father ☐ Mother ☐ Other ☐ (Please Specify)

f) Occupation Service ☐ Self Employed ☐ Home Maker ☐ Student ☐ Retired ☐ Other ☑ (Please Specify) NOTHING

g) Address (if diffrent from above) :

City: State:

Pin Code Phone No: Email ID:

SECTION D

DETAILS OF HOSPITALIZATION: :

a) Name of Hospital where Admited: SRI SAI MULTISPECIALITY HOSPITAL

b) Room Category occupied: Day care ☐ Single occupancy ☑ Twin sharing ☐ 3 or more beds per room ☐

c) Hospitalization due to: Injury ☐ Illness ☑ Maternity ☐ d) Date of injury / Date Disease first detected /Date of Delivery: 06 04 2017

e) Date of Admission: 06 04 17 f) Time: 08 AM g) Date of Discharge: 10 04 17 h) Time: 04 : PM

I) If injury give cause: Self inflicted ☑ Road Traffic Accident ☐ Substance Abuse / Alcohol Consumption ☐ I) If Medico legal ☑ Yes ☐ No

ii) Reported to Police ☐ ☐ iii. MLC Report & Police FIR attached ☐ Yes ☐ No j) System of Medicine:

SECTION E

DETAILS OF CLAIM:

a) Details of the Treatment expenses claimed

I. Pre -hospitalization expenses	Rs.		ii. Hospitalization expenses	Rs.	90001/-
iii. Post-hospitalization expenses	Rs.	1166/-	iv. Health-Check up cost:	Rs.	
v. Ambulance Charges:	Rs.		vi. Others (code):	Rs.	
			Total	Rs.	101662/-
vii. Pre -hospitalization period:	days		viii. Post -hospitalization period:	days	

b) Claim for Domiciliary Hospitalization: ☐ Yes ☑ No (If yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

i. Hospital Daily cash:	Rs.		ii. Surgical Cash:	Rs.	
iii. Critical Illness benefit:	Rs.		iv. Convalescence:	Rs.	
v. Pre/Post hospitalization Lump sum benefit:	Rs.		vi. Others:	Rs.	
			Total	Rs.	

Claim Documents Submitted - Check List:

- ☑ Claim form duly signed
- ☐ Copy of the claim intimation, if any
- ☑ Hospital Main Bill
- ☑ Hospital Break-up Bill
- ☑ Hospital Bill Payment Receipt
- ☑ Hospital Discharge Summary
- ☑ Pharmacy Bill
- ☑ Operation Theater Notes
- ☐ ECG
- ☐ Doctor's request for investigation
- ☑ Investigation Reports (Including CT / MRI / USG / HPE)
- ☑ Doctor's Prescriptions
- ☐ Others

SECTION F

DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued by	Towards	Amount (Rs)
1.	1543	06 04 2017	SRI SAI MULTI SPECIALITY HOSPITAL	Hospital main Bill	9000
2.		D D M M Y Y		Pre-hospitalization Bills: Nos	
3.		D D M M Y Y		Post-hospitalization Bills: Nos	
4.	C030127	06 04 2017	JABILLI MEDICAL STORES	Pharmacy Bills	823
5.		D D M M Y Y			343
6.	C030309	06 04 2017	JABILLI MEDICAL STORES		
7.		D D M M Y Y			
8.		D D M M Y Y			
9.		D D M M Y Y			
10.		D D M M Y Y			

SECTION G

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT::

a) PAN: AUDPB7013K b) Account Number: 06421140399495

c) Bank Name and Branch: HDFC BANK SANGEEV REDDY NAGAR

d) Cheque / DD Payable details: e) IFSC Code: HDFC0000642

(IMPORTANT: PLEASE TURN OVER)

B. Raghavendra